

1997-98 SESSION
COMMITTEE HEARING
RECORDS

Committee Name:

Joint Committee on
Finance (JC-Fi)

Sample:

Record of Comm. Proceedings ... RCP

- 05hrAC-EdR_RCP_pt01a
- 05hrAC-EdR_RCP_pt01b
- 05hrAC-EdR_RCP_pt02

➤ Appointments ... Appt

➤ **

➤ Clearinghouse Rules ... CRule

➤ **

➤ Committee Hearings ... CH

➤ **

➤ Committee Reports ... CR

➤ **

➤ Executive Sessions ... ES

➤ **

➤ Hearing Records ... HR

➤ **

➤ Miscellaneous ... Misc

➤ 97hrJC-Fi_Misc_pt182

➤ Record of Comm. Proceedings ... RCP

➤ **



MILWAUKEE AREA HEALTH EDUCATION CENTER

2220 E. North Avenue • Milwaukee, WI 53202 • Phone (414) 226-2432 • Fax (414) 226-2433

April 8, 1997

Dear Legislator:

I am seeking your support for an increase in GPR funding for the Wisconsin Area Health Education Center System, s. 20.250(1) (c) and s. 20.285(1) (b), for the fiscal years 1997-98 and 1998-99.

We are requesting an increase in GPR funding to \$750,000 in the fiscal year of 1997-98 and \$800,000 in the fiscal year of 1998-99. These funds should be split equally between the following two appropriations: s. 20.250(1) (c) and s. 20.285(1) (b). The Governor's budget proposal provides \$250,000 in each year of the biennium for s. 20.250(1) (c) and \$252,700 in each year of the biennium of s. 20.285(1) (b).

The objective of the program is to bring more practicing health professionals to the areas where they are needed most. The mission of the Wisconsin AHEC System is to provide for the clinical training of health professions students at sites in underserved rural and inner city areas. Training students in these areas prepares them and orients them for practice in underserved areas.

Please call me at (414) 288-1533 if you have questions or require additional information. Enclosed you will find a Fact Sheet and newsletters regarding the Milwaukee AHEC.

Very truly yours,

Darryl D. Pendleton, DMD
Executive Director

DDP:dja

Enclosures



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*** FACT SHEET ***

Wisconsin Area Health Education Center (AHEC) System

I. Mission of the Wisconsin Area Health Education Center (AHEC) System

The mission of the Wisconsin AHEC System is to develop and expand community-based health professions education programs that will improve the distribution of primary care health professionals to underserved rural and urban communities, and provide continuing education for health professionals practicing in these underserved areas.

The AHEC System is a community-academic partnership that includes communities around the state, the University of Wisconsin-Madison Medical School (UWMS), the Medical College of Wisconsin (MCW), and other health professions schools. The System is funded by the State of Wisconsin, the federal government's Health Resources and Services Administration (HRSA), and other private and local sources. The System is a comprehensive statewide educational program providing community-based, culturally-relevant health professions education programs in areas of need.

Since initial federal funding in 1990, the state has provided critical support for the AHEC System. This support has helped to create programs that are reaching northern, southwest, and eastern Wisconsin, and the city of Milwaukee. Multiple state and private institutions of higher education, representatives of health professions, business, and government and academic organizations are all involved in the design and operation of these locally-governed programs. State support has benefited students, ranging from medical and advanced practice nursing students to those in middle schools and in Indian reservations.

II. Request for 1997-99

We are requesting an increase in GPR funding in \$750,000 in the fiscal year of 1997-98 and \$800,000 in the fiscal year of 1998-99. These funds should be split equally between the following two appropriations: s. 20.250(1) (c) and s. 20.285(1) (b). The Governor's budget proposal provides \$250,000 in each year of the biennium for s. 20.250(1) (c) and \$252,700 in each year of the biennium of s. 20.285(1) (b).

III. Description and Justification of Need for State Funding

Wisconsin needs the AHEC Centers

The Wisconsin AHEC system, with established links to academic institutions, communities, and the private sector is one of the primary organizations in Wisconsin improving the quality, supply, efficiency, distribution and utilization of health care professionals in underserved communities.

The Wisconsin AHEC system builds partnerships through its extensive knowledge of the needs and capabilities of both community and academic partners. A statewide program built on community-campus partnerships, the Wisconsin AHEC System is well-positioned to play a continuing key role in improving health care in Wisconsin.

Continuation of Northern and Milwaukee AHEC Centers

After September 30, 1998, two of the AHEC Centers, the Northern AHEC, headquartered in Wausau and the Milwaukee Centers, will lose federal funding since the federal government will only support six years of federal funding for operation of any AHEC Center. State Support is crucial to the continuation of these two Centers.

Federal Matching Requirements

The Wisconsin AHEC System is supported by a federal cooperative agreement requiring matching state support. Historically, the AHEC System's request for state support was based on federal matching requirements since state support strengthens our request for continued federal funding. The AHEC System's request for state funds for fiscal years 1997-1999 coincides with our application for competitive three-year federal funding. The amount requested will make our application competitive and allow the Wisconsin AHEC program to receive the maximum federal award.

IV. The Milwaukee AHEC Serves Milwaukee County.

Since its inception in 1992, the Milwaukee AHEC has carried out its mandate to develop an effective network of community-based health professions training programs in partnership with the many health professions educational institutions of Milwaukee. Participants include the staff from Milwaukee campuses of the two medical schools in Wisconsin, the Wisconsin Department of Health and Social Services, the Milwaukee City and County Health Agencies, the county's three federally assisted Community Health Centers, local health professions education institutions, and numerous community organizations, hospitals and training sites.

The Milwaukee AHEC serves as the primary intermediary for the development and implementation of community-based training and education initiatives for health professionals and students located in Milwaukee. The Center collaborates with health professions training institutions to develop and implement community-based initiatives and assures that community-based sites and practitioners are aware of the availability of AHEC program opportunities. The Milwaukee AHEC currently implements and supports education programs that include the following: medicine, nursing, dentistry, allied health, graduate medical, health career opportunity programs, midwifery, library/learning resources, and continuing education.

AHEC At A Glance

Milwaukee AHEC At A Glance is a Newsletter of the Milwaukee Area Health Education Center, Inc.

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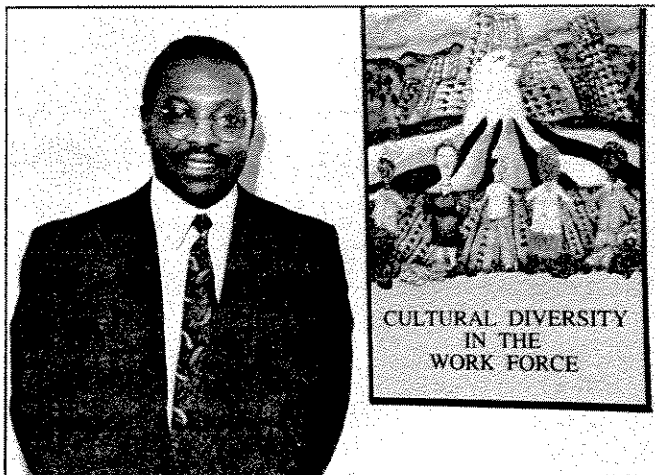
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Milwaukee AHEC: Bringing Healthy Change to Communities

by Marie O'Brien

Imagine a rural community located in the same state as a large medical institution and yet a shortage of health care providers still exists within that community. Back in the 1970s, this was the scenario that posed a challenge to federal government and a challenge that was met with the creation of a national movement called Area Health Education Centers (AHEC).

Fast forward to the 1990s. Imagine an urban community, virtually surrounded by health professions training institutions, including hospitals and clinics, and yet a shortage of health care providers still exists for that urban community. The challenge was met yet again, this time with the development of Milwaukee AHEC, a federally funded program designed with the same goals instituted over 20 years ago to address health care manpower shortages and issues in areas that are short of providers. AHEC was, and is today, a mechanism that brings together health professions training institutions, the state of Wisconsin, central city health care providers, and consumers to form partnerships in a community. Under the guidance of Executive Director Darryl Pendleton, DMD, a Board of Directors, and an Advisory Committee, Milwaukee AHEC has been actively operating in the city since 1992. With the assistance of the Medical College of Wisconsin and the University of Wisconsin Medical School, the Center has continued to provide a link to establish a network of community-based health training programs.



Darryl Pendleton, DMD, Executive Director of Milwaukee AHEC.

Continued on page 2

According to Dr. Pendleton, Milwaukee AHEC has helped generate partnerships with communities and institutions, but most of the time it operates as the "Silent Partner" in the relationship, providing resources and the stepping stones to link organizations together. "We're more like the spirit behind the effort," Pendleton said. "Our primary goal is to get these partnerships to eventually become self-sufficient." Milwaukee AHEC focuses its efforts on five identified central city areas in Milwaukee known as 'HPSAs' or Health Professions Shortage Areas. The areas include: Capitol Drive (northwest); Central City North; Central City South; Central City West (near northwest and near southwest); and Juneautown (northwest).

Currently, Milwaukee AHEC has numerous collaborations including: the establishment of Community Education Centers (CECs), training sites providing interdisciplinary and/or multi-disciplinary client oriented services and educational experiences; medical student educational programming; graduate medical education programs; nursing education programs; dental programs; and health careers opportunity programs. AHEC sponsored programs provide rewarding experiences for students and faculty including, promoting positive provider-patient interaction and encouraging students to consider practicing in underserved communities. In addition, patients get the medical services and education they need, and students learn about crossing cultural barriers and community based opportunities.

While Milwaukee AHEC operates successfully, it's not always an easy task to bring the community together with an institution. Dr. Cassandra Welch, a graduate of the Medical College of Wisconsin (MCW) and currently the Medical Director of Milwaukee Health Services for the Isaac Coggs Health Connection, was approached several years ago to serve as a liaison between MCW and

anticipated we would be three years ago," Welch said. "MCW has come up with some excellent ideas and proposals. The fact that we are working together at all is positive, because prior to 1989, it just wasn't possible to have a meeting of the minds like we have now." Welch added that both groups continue to work towards increasing the community based experiences available for medical students.



Dr. Cassandra Welch at Isaac Coggs Health Connection.

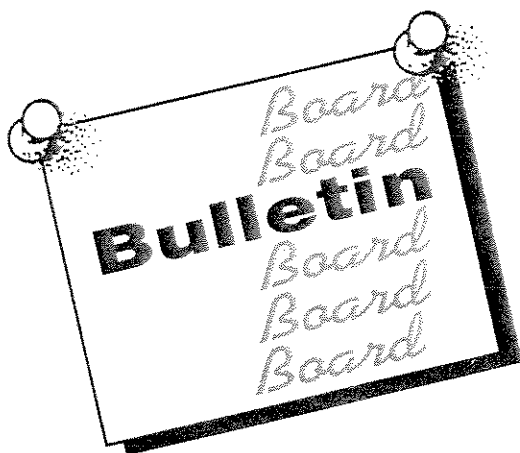
the community. "I found the proposal at the time very intriguing because there had always been an adversarial role between the community and MCW," Welch said. "When MCW moved out to the suburbs, the community felt betrayed and isolated, so I knew it would be a challenge – but also one that was worth the effort."

Welch moved head-on into the role, and served as Board President for Milwaukee AHEC in 1994-95. "There have been some positive breakthroughs since we started working with MCW, but we're certainly not as far along as we had

Another challenge, according to Pendleton, is preparing for an uncertain future. "I'm looking at our future with guarded optimism because many federal and state supported programs are being influenced by budgets and not needs – which impacts our efforts for the future." Even with guarded optimism, Pendleton maintains a hope and vision. "The perfect outcome of this effort is to have an honest, sincere partnership between the *have's* and *have no's* – a situation where the community is an active player in the health care services provided," he said. "The most rewarding experience, is when

I see the health care provider and the community working together to the satisfaction of each other – that's when I know we have been successful."

**For additional
information on
Milwaukee AHEC,
turn to page 7.**



Welcome to Bulletin Board, a column created to provide our readers with news from the Milwaukee AHEC Board of Directors. Each issue will introduce a board member and offer news and information about Milwaukee AHEC. Dr. Lorena Chicoye, Board President, and Medical Director of Teen and Young Adult Clinics and Assistant Professor at the Medical College of Wisconsin presents our first column.

A Unified Team

One of the attributes of Milwaukee AHEC that sets us apart from others is our ability as an urban AHEC to operate and maintain so many programs and projects. While AHEC's origins are rooted in the rural communities, we have found our niche as an urban entity. To date, we've funded approximately 44 projects to serve underrepresented areas. There are few other urban AHEC programs as old and as successful as ours.

It's a distinction we should be proud of as we look ahead. As a member of the Milwaukee AHEC Board of Directors, I have watched and participated as our group has learned together, grown together, and worked together. We've had our growing pains, but as a board we've come together as a unified team with a singular goal in mind. We've put our personal differences aside and have been working and achieving by leaps and bounds. It's with this intensity and enthusiasm that we will move forward to complete our mission to improve access to health care in Milwaukee's underserved communities and encourage organizations to look ahead with a goal of putting together strategic plans, look outside for funding, and expand their programs.

So, as we seed future programs, it is our hope that the partnerships established will grow together as a unified team – much like we have as a board – and that the institutions will incorporate these programs and partnerships into their curriculums with the same enthusiasm that we have put forth.



Lorena Chicoye, MD,
Milwaukee AHEC Board
President

COMMUNITY EDUCATION CENTERS

St. Mary's: A Partner with AHEC

by Bill Solberg, Community Services Director,
St. Mary's Hospitals

St. Mary's Hospital of Milwaukee was welcomed this year as one of Milwaukee AHEC's newest sponsors. One of the ongoing objectives at St. Mary's has been to continue to look for ways to create healthier communities, especially in underserved areas. The relationship between St. Mary's and AHEC has blossomed into an endeavor that has served both organizations well. Currently, St. Mary's serves as a host facility, with AHEC using office space one block west of the hospital on property that is owned in part by St. Mary's. In addition, a multi-disciplinary case management program for single mothers and for the elderly is underway at St. Mary's Family



Milwaukee AHEC is located one block west of St. Mary's Hospital of Milwaukee.

Continued on page 4

Family Practice Center Is Successful as CEC Site

by Mary Ann Lough, PhD, RN

Education for health professions students has usually occurred in traditional sites, utilizing the professionals' definition of care, with little focus on client and family participation. There has also been a lack of collaborative practice role modeling for students and a limited number of collaborative educational models (Shugars, O'Neil, & Bader, 1991). With this historical background in mind, the Wisconsin AHEC System chose to emphasize the design of interdisciplinary educational experiences through the creation of Community Education Center (CEC) sites throughout the state. These sites were specifically developed to teach students how to provide multidisciplinary client-oriented care in a community-based setting; to focus on a population with an access to health care issue; and integrate community-oriented primary care with an emphasis on cultural competence. These principles guided the development of the CEC at St. Mary's Family Practice Center (FPC) in Milwaukee.

St. Mary's FPC was selected as a CEC site for several reasons: the FPC has always been a clinical education site for medical students and family practice residents; it serves a poor, medically indigent population with many health care needs from the surrounding urban area; and finally, organizational support exists for the CEC program from both university and agency faculty. Students from three disciplines and three educational institutions participate on a regular basis. Junior nursing students from Marquette University are at the

FPC as part of a semester clinical course in maternity nursing, while Marquette seniors are enrolled in a semester community health practicum, with the FPC as their primary clinical site. Graduate social work students from the University of Wisconsin Milwaukee are at the FPC for a two or three semester field placement experience. Most recently, second-year family practice residents affiliated with the Medical College of Wisconsin, who are completing a one-month behavioral or community medicine rotation, began participating at the site.

As a CEC site, St. Mary's FPC offers clinical experiences that include joint practice in community settings, weekly home visits, and weekly case analysis conferences. The CEC program also helps students understand the variety of roles and practices needed in order to work together to more effectively deliver higher quality care to patients, families and communities. The CEC site at St. Mary's Family Practice Center continues to offer health professions students exciting and necessary learning opportunities which will enhance their abilities to provide health care using new practice models when they begin their profession-



St. Mary's CEC Faculty L to R: Eric Weiner, PhD, MSW; Sarah Wilson, RN, PhD; Mary Ann Lough, PhD, RN; Karin Schmidt, ACSW; Thomas Naughton, MD, MPH. Not pictured: Judy Kowatsch, RN, MSW; Loren Leshan, MD; and Geof Swain, MD.

al practice.

Shugars D., O'Neil E., Bader J. (1991). *Healthy America: Practitioners for 2005, an agenda for action for U.S. health professional schools*. Durham, NC: Pew Health Professions Commission.

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St. Mary's,
continued from page 3

Practice Center. This program serves as a state-wide model of service and training.

This year, Milwaukee AHEC also asked St. Mary's to host four Community Cultural Rounds. The partnership between St. Mary's and AHEC will benefit the people of the community and the health professionals by linking the two groups closer together through focused education about important aspects of all cultures. We look forward to our continued partnership for the future.

AHEC Opens Doors for Two Students

by Marie O'Brien

Samantha Thomas is no stranger to underserved communities. She grew up in a low-income neighborhood in Tucson and in spite of financial hardships, she attended Pepperdine University in



Samantha Thomas, DDS, Dental Student, Marquette School of Dentistry

Malibu, California, and attended Dental School in Milwaukee. "I had an interest in community service dentistry because of my own upbringing, but I wasn't having much luck finding the right place for me," Thomas said. Faced with the burden of paying off thousands of dollars in student loans, and what she thought were limited options to providing dental care in underserved populations, Thomas was thinking about leaving dental school altogether. "I was worried I wouldn't be able to

work for an underserved population and pay off my loans," she said. "I thought I would end up in the suburbs polishing teeth."

It was at this turning point that Thomas met Dr. Darryl Pendleton, Executive Director of Milwaukee AHEC, at a lecture. "He was telling me about opportunities I had never even heard of," she said. "It was like a whole new world was opened up to me." One year later, Thomas was on a plane heading west to serve a week-long externship in the Maricopa County Health System in Phoenix, a trip coordinated between Milwaukee AHEC and Phoenix AHEC. "I was excited because this would give me a chance to look at opportunities back in my home state which is where I wanted to work after graduation," Thomas said.

Thomas spent the week attending a dental convention for community health and observing dentistry being provided at a homeless clinic, an AIDS mini hospital, a county jail, and a hospital. She found the experience inspiring. "I met 300 dentists with the same interest of serving the community and they were doing it successfully," she said. Thomas was equally amazed at the different components of community dentistry. "Each experience showed me that I could do everything from the most simple dental procedure to the most elaborate, I could help the underserved, and make a successful living in community dentistry."

Thomas graduates in May, 1996. She is currently reviewing two job offers she received as a result of her visit to Phoenix.

If there's a student that has seen the benefits of Milwaukee AHEC and experienced them first hand, it's **Darryl Jenkins**. After spending his first 19 years growing up in Milwaukee's inner City, Jenkins joined the Air Force and served four years. It was after returning home and becoming a student with the School of Allied Health Professions at the University of Wisconsin-Milwaukee that Jenkins had his first involvement with Milwaukee AHEC. "I was accepted into the Health Careers Opportunity Program, or HCOP, a summer program for minority and disadvantaged students with an interest in the health care field,"



Darryl Jenkins, OT Student, School of Allied Health Professions, UWM.

Jenkins said. One of the many programs sponsored by Milwaukee AHEC, HCOP is a program that prepares students for health careers programs. "Later I was accepted into UWM's OT program, and I was better prepared for what was to come. The experience definitely helped me prepare for and complete one of my toughest courses," Jenkins said.

Continued on page 8

COMMUNITY CULTURAL ROUNDS

Community Cultural Rounds is a year-long series of presentations exploring the richness of approaches different groups bring to the health care arena. These presentations are free and open to the public.

January 19 — *Communicating Across Cultures*, Robert Shuter, PhD, Professor and Chair, College of Communications, Marquette University

Medical College of Wisconsin
8701 Watertown Plank Road
Alumni Center, 12-1:30 p.m.

February 16 — *Humor and the Art of Healing from a Patient's Point of View*, Barbara Leigh, PhD, Milwaukee Public Theatre

Medical College of Wisconsin
8701 Watertown Plank Road
Alumni Center, 12-1:30 p.m.

March 14 — *Magic Therapy*, Lynn E. Miner, PhD, Assoc. Dean and Director, Research and Sponsored Programs, Marquette University

Milwaukee AHEC
2220 E. North Avenue, 6-7:30 p.m.

March 15 — *Magic Therapy*, Lynn E. Miner, PhD, Assoc. Dean and Director, Research and Sponsored Programs, Marquette University

Medical College of Wisconsin
8701 Watertown Plank Road
Alumni Center, 12-1:30 p.m.

April 19 — *Overview of Different HMO Models and How They Operate*, Richard Hinkel, Senior Insurance Examiner, Office of Commissioner of Insurance

Medical College of Wisconsin
8701 Watertown Plank Road
Alumni Center, 12-1:30 p.m.

May 9 — *Working with Hispanic Families*, Mireya Gutierrez, MSW, Milwaukee Cty. Human Services Dept.

Milwaukee AHEC
2220 E. North Avenue, 6-7:30 p.m.

May 10 — *Working with Hispanic Families*, Mireya Gutierrez, MSW, Milwaukee Cty. Human Services Dept.

Medical College of Wisconsin
8701 Watertown Plank Road
Alumni Center, 12-1:30 p.m.

Ask About Our Video Library!

Videotapes of Community Cultural Rounds are available to community agencies, schools and health care professionals for use in teaching. Please contact Deborah Archie at Milwaukee AHEC at 414/226-2432.

Community Cultural Rounds Features Dr. Nancy Boyd-Franklin

More than 200 people attended a special conference on "African American Families in Therapy" held last November on behalf of Milwaukee AHEC and the Medical College of Wisconsin Department of Family and Community Medicine. Internationally recognized family therapy expert and author Dr. Nancy Boyd-Franklin, discussed various aspects of her book, *Black Families in Therapy: A Multisystems Approach*, including the utilization of cultural strengths in therapy, myths about race and class issues, and issues of discrimination and mistrust. Dr. Boyd-Franklin teaches courses at Rutgers University and in 1994 she received the Distinguished Psychologist of the Year Award from the Association of Black Psychologists.

According to Dr. Darryl Pendleton, Exec. Director, Milwaukee AHEC, "Because many health care faculty and students have had little interaction with African Americans or urban populations during their training, the conference



Left to Right: Dr. Darryl Pendleton, Exec. Director, Milwaukee AHEC; Nancy Boyd-Franklin, PhD; Maria Ramirez-Acevedo, Education Coordinator of Milwaukee AHEC; Marion McDowell, Associate Director of Milwaukee AHEC; and Deborah Archie, Administrative Coordinator for Milwaukee AHEC.

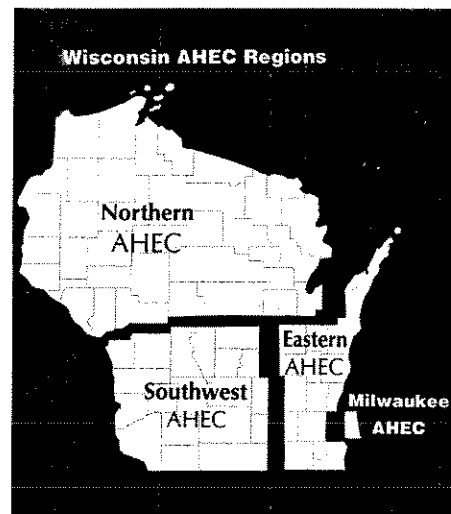
helped them understand the numerous health care issues this population faces especially issues involving mental health." The conference was part of Milwaukee AHEC's Community Cultural Rounds, educational lectures designed to teach health care professionals about providing care to culturally diverse populations.

The Wisconsin AHEC System

Milwaukee AHEC is one of four AHEC regions established throughout the state of Wisconsin by the Wisconsin AHEC System. A statewide health professions education project, the Wisconsin AHEC System is dedicated to improving access to health care in Wisconsin's rural and urban underserved communities. The Wisconsin AHEC system is a collaborative project of the Medical College of Wisconsin, the University of Wisconsin-Madison Medical School, four regional AHEC corporations, and community and

academic partners throughout the state.

The Wisconsin AHEC System improves access to health care in underserved communities through three types of programs including: 1) Health Professions Student Programs; 2) Health Careers Programs; and 3) Programs for Health Care Providers. The Wisconsin AHEC System is supported with federal and state funds and with resources provided by AHECs academic and community partners.



Milwaukee AHEC

Mission Statement

The mission of the Milwaukee AHEC is to improve access to health care in Milwaukee's underserved communities, through the development of community-based, client oriented, culturally relevant, collaborative health professions education programs. The Milwaukee AHEC accomplishes its mission by fostering cooperation and collaboration among Milwaukee's health professionals, educational institutions, and the communities.

Personnel:

Darryl D. Pendleton, DMD
Executive Director/Dental Educ. Coordinator

Marion McDowell, MS
Associate Director/Health Careers Coordinator

Maria Ramirez-Acevedo, BA
Education Coordinator

Deborah J. Archie
Administration Coordinator

Board of Directors:

Lorena Chicoye, MD, (President)
Assistant Professor MCW

Mary Ann Lough, PhD, RN, (Vice President)
Marquette University, School of Nursing

Randy Myricks, (Treasurer)
President, CEO, North Milwaukee State Bank

Cassandra Welch, MD, (Secretary)
Medical Director, Martin Luther King Heritage Health Center

Lou Burrell
Executive Director, Milwaukee Indian Health Board

Anthony Caceres, MD,
Medical Director, Johnston Community Health Center

Chie Craig, PhD,
Associate Professor, UWM Dept. of Communication & Sciences Disorders

Fred Gilbert, DDS, Dental Director
Martin Luther King Heritage Health Center

Sheryl Gotts
Curriculum Specialist, MPS

John Middling, MD
Chair, Department of Family Medicine, MCW

Rachel Morgan, RN
Clinic Coordinator, Metcalfe Park Health Center

Bill Solberg
Director of Community Services, St. Mary's Hospitals

Advisory Committee:

Sheryl Gotts (Chair/President)
Curriculum Specialist, MPS

Warren Braden, EdD
Associate Director, Wisconsin AHEC System

Community Advisors

Shirley Sharp (Vice Chair/Vice President)
Director, Health Education, Milwaukee Urban League

Carolyn R. Hampton (Secretary)
Health Careers Coordinator, Private Industry Council

Viola Rembert
Director, Black Achievers, North Central YMCA

Student Advisors

Marquette University School of Nursing:
Sarah Massick, Student
Betty McKinstry, Student

Marquette University, School of Dentistry:
Samantha Thomas, Student

UWM-School of Allied Health Professions:
Darryl Jenkins, Student

Medical College of Wisconsin (MCW):
Mary Bartel, Student
Vicky Healey, Student
Ben Tobin, Student
Matthew L. van der Veen, Student

Darryl Jenkins,
continued from page 5

Jenkins went on to work at the Isaac Coggs Health Connection after being selected for a summer internship through the McNair TRIO Program, a nationwide program for minority and disadvantaged students. It was just over two years ago that Jenkins met Marion McDowell, Associate Director of Milwaukee AHEC. "At the time, she was looking for a student to participate as a member of the Advisory Committee," Jenkins said. The match proved to be a positive one both for Milwaukee AHEC and Jenkins. "Because I grew up in the city and I am a student here, I could provide a unique perspective to the committee," he said. Jenkins has served 1 1/2 years on the committee and he said the experience has influenced his decision about working in the community after gradua-

tion. "I always knew I wanted to work in the Milwaukee community, but my involvement with HCOP and AHEC encouraged me and confirmed my thoughts about serving in the community."

As Jenkins nears the end of his senior year as an OT student, he is reviewing the job opportunities available at some of Milwaukee's community based health care organizations. Once his decision has been made to accept an available position in Milwaukee - it is then that Jenkins will have come full circle as a part of the Milwaukee AHEC program.

Both Samantha Thomas and Darryl Jenkins currently serve as Student Advisors on the Milwaukee AHEC Advisory Committee.

AHEC At A Glance is a publication of Milwaukee Area Health Education Center, Inc.

If you have questions or comments, please contact Milwaukee AHEC at:

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AHEC At A Glance

Milwaukee AHEC At A Glance is a Newsletter of the Milwaukee Area Health Education Center, Inc.

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Milwaukee AHEC: The Silent Partner

by Marie O'Brien

Milwaukee is a city comprised of more than 50 nationalities and has a central city with one of the highest concentrations of medically underserved residents in the state. In addition, access to health care services for many central city residents is becoming more complicated. It was under this scenario that Milwaukee Area Health Education Center (AHEC), Inc., first opened its doors four years ago. Since then, Milwaukee AHEC has established a solid foundation in the community, but largely as a silent partner in various collaborations.

As one of four AHECs that make up the statewide Wisconsin AHEC System, Milwaukee AHEC is jointly administered by the Medical College of Wisconsin (MCW) and the University of Wisconsin Medical School (UWMS).

Chances are, you may have already seen or heard about a program without even realizing it was fostered by Milwaukee AHEC. The mission of Milwaukee AHEC is to bring together universities and communities to provide programs aimed at attracting and retaining quality health care providers in underserved areas. The mission is supported by the goals of the program which include: to promote health professions education that emphasizes primary care to underserved populations; foster cooperation and collaboration among health professionals, educational institutions and communities; facilitate interdisciplinary approaches to the health care needs of underserved communities; and provide health professions training that emphasizes cultural sensitivity and responds to community-defined health care initiatives.



Nursing students from Carroll-Columbia College of Nursing screen students at Bruce Guadalupe Community School.

"One of the ways we have improved access to health care in underserved communities is by diverting resources from educational campuses to community based training sites," said Dr. Darryl Pendleton, Executive Director of Milwaukee AHEC. One such effort, supported by Milwaukee AHEC, is taking place at Bruce Guadalupe Community School. Nursing students from Carroll-

Continued on page 2

A Silent Partner, continued from page 1

Columbia College of Nursing visit the grade school on a weekly basis to provide screening and prevention services to the school's student population. This type of relationship not only provides education for the nursing students, but the school's students benefit from the byproduct – access to badly needed health care services. As a result of this project, the school has established an ongoing health care and mentoring program.

Another effort which continues to successfully meet the goals of Milwaukee AHEC's mission is the collaboration between Milwaukee's North Division High School and Marquette University's Dental School. Milwaukee AHEC fostered the collaboration which resulted in the creation of the *School Oral Health Project*. The project allows sophomore year Marquette dental students to visit the high school once a week and provide free dental cleanings to North Division students. Dental students gain exposure to a central city environment while providing high school students with badly needed preventive dental health service and an opportunity to explore dentistry as a possible career path. This pilot project, now in its fourth year, continues to provide valuable insights to both the dental students and high school students.

While "fostering collaborations" is one goal that Milwaukee AHEC continues to achieve, encouraging an interdisciplinary approach when addressing the needs of underserved communities is another important effort. "We establish programs where the patients or participants are an 'active' part of the experience," Pendleton said. "The needs, experience, and wants of the patients and students are addressed and a program is formulated around the findings." Milwaukee AHEC helped establish a partnership between the Social Development Commission Head Start program and dietetic, social work, and occupational therapy students from Mount Mary College. A Healthy Head Start – a program that addresses the health and nutrition needs of inner city, medically-underserved communities – allows all participants to provide feedback. The collaboration between the dietetic students and Head Start has resulted in the development of a nutritional program, tailored by the dietetic students and based upon feedback and observations. This type of ongoing relationship contributes to the program's success.

Emphasizing cultural sensitivity is yet another goal of Milwaukee AHEC. One way to measure the success of creating culturally relevant programs is to look at the growing numbers of participants in the Milwaukee AHEC-sponsored "Community Cultural Rounds," a series of lectures provided in the medical community. These ongoing educational sessions have focused on a variety of culturally diverse topics such as "Communicating Across Cultures" and "Working With Hispanic Families." Milwaukee AHEC continues to design collaborative programs so that the concerns, issues and values of student and patient populations are considered.

While supporting these and other programs through funding and other resources, Milwaukee AHEC also works closely with the Wisconsin Department of Health and Social Services, City of Milwaukee and county health agencies, the county's three federally-assisted community health centers and numerous community organizations. According to Pendleton, current and future collaborations and partnerships will help Milwaukee AHEC continue to improve access to care and to attract more people from underrepresented groups to health careers.

STUDENT SPOTLIGHT

Giving Back to the Community

by Marie O'Brien

If Jason Mims has his way, in just a few years, he will be giving back to the same community that helped him arrive at where he is today. A busy college student, the 20-year-old first



Marquette Student and Mentor Jason Mims

became involved with Milwaukee AHEC while still in high school. At that time, Mims was introduced to the University of Wisconsin-Milwaukee (UWM) Health Career Bridge Program which is supported in part by Milwaukee AHEC and targets high school students with an interest in the health field. "Even then I knew I wanted to work with patients," Mims recalled. "So through the Bridge Program I learned more about physical therapy and realized it would give me the opportunity to develop relationships with patients and to add my own personality and style to what I do."

Continued on page 3

Mims participated in the Bridge Program during the summer before his senior year at Whitnall High School in Greenfield. For two weeks, he and other students were given class and training instruction. "It was like a very intense semester at school," Mims said. Held at the University of Wisconsin's School of Nursing, the two-week training period was followed up with four weeks of on-hands study and observation at Milwaukee area hospitals. The program also included visits to out-of-state colleges in Washington, D.C., and Missouri. Mims said the experience prepared

him for the Physical Therapy (PT) program at Marquette University and helped him obtain a job as a PT Aide at the age of 18 – an opportunity usually offered to someone older. "I was already doing things under the Bridge Program that some students don't even experience until college," Mims said. "I definitely had an advantage with the experience I gained, but the program does take a lot of commitment and sacrifice too."

Mims added that he is thankful for the experience he received during the school year, which included learning about financial aid, colleges, and filling out admissions applications. Now

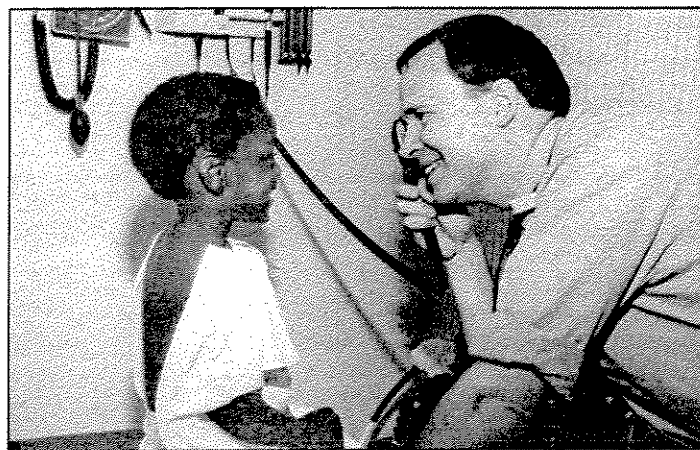
in his third year at Marquette University studying Physical Therapy and Sociology, Mims continues to benefit from AHEC programming because Marquette's Physical Therapy program receives Milwaukee AHEC support for enrolled students. Mims hopes to one day work as a PT serving the needs of the inner city community. "My ultimate goal is to open a clinic in the inner city that would not only bring much needed care to the community, but would serve as a role model for young black men and women," he said. "I was always taught that the only way a community can grow is to give back what we got from it – and I plan to do that."

COMMUNITY BASED ROTATIONS

A Look At Inner City Health Care

Third-year pediatrics resident Brian Mauch always knew he wanted to help people – especially those in underserved areas. So it may seem surprising to hear this budding physician talk about his first profession – engineering. "I was an engineer in Seattle for seven years before changing careers," Mauch said. "I originally considered going into the Peace Corps, but then decided to do volunteer work in my community." Mauch did everything – from helping with building construction and renovations to teaching English at inner city shelters. But, still not satisfied, he turned to a field which he considered to be more "people-oriented." So, he changed to pediatric medicine with the goal of working in community health. Not exactly an easy decision for a husband and busy father of three. It was during his pediatrics residency at the University of Wisconsin – Madison Hospitals, that Mauch became involved in AHEC.

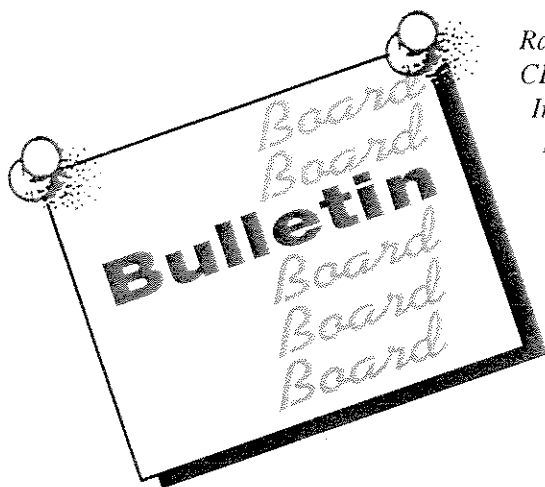
The Madison AHEC group linked Mauch with Milwaukee AHEC because of his request to work in an inner city environment in a city larger than Madison. He was assigned to AHEC's Community Based Rotation Program – which turned out to be a four-week rotation at the Martin Luther



Pediatrics Resident Brian Mauch performs a check-up on a young patient at the Martin Luther King Heritage Center in Milwaukee.

King Heritage Center in Milwaukee. "I did this rotation to better understand the health care setting in the inner city," Mauch said. The experience at the center helped him gain even further insight into the problems that inner city kids face on a daily basis. "I learned about children's fears of getting hurt while growing up in their neighborhood," he said. "Often I would just listen and try to offer words of encouragement – sometimes I was just grateful that they opened up to me."

Continued on page 8



Randy Myricks is the President and CEO of North Milwaukee State Bank. In addition to his duties as the Milwaukee AHEC Board Treasurer, Myricks also serves as a board member for several organizations in the Milwaukee community.

Overcoming Challenges

As you read the cover story in this issue of *Milwaukee AHEC At A Glance*, I hope you come away with a better understanding and answer to the question, "What is Milwaukee AHEC?" With dozens of programs and partnerships in place, it is easy to lose sight of the main goal and mission.

As a board, we have had certain things to accomplish and I think we've done very well and exceeded the guidelines laid out for us. One of the reasons I think we have been successful is because each of us has a stake in the overall goal and mission. Each of us understands the challenges Milwaukee AHEC is trying to overcome whether it's been through our own personal experiences, our health care/business backgrounds – or both. One of our goals is to expose medical students to culturally diverse environments so they are better equipped when they enter the workforce as physicians, nurses or other health professional. Milwaukee AHEC has sponsored programs and encouraged partnerships which have produced courses that give students experience with minority populations. These elective courses offer students the opportunity to learn how to bridge the gaps that exist between health care professionals and minority populations and to dispel the myths and stereotypes that exist among both groups.



Randy Myricks,
Milwaukee AHEC,
Board Treasurer

If such courses were required and not just offered as electives, more students might have the opportunity to further understand the cultural differences among the patient populations and in essence – become better health professionals. One of the reasons I strongly believe in this effort is because of my own experience as a minority patient and as a business professional. Not only do I believe that medical students would feel more confident working with a minority population, but minorities would feel more assured when they visit a physician or health care professional. This is just one of many changes that I would like to see occur in our health care environment. But, whether it's implementing change in a curriculum or tackling other responsibilities, it's still just one of the many challenges we face and will continue to face as we move into the future. Overcoming these individual challenges may seem insignificant – but collectively, they all play a role in helping Milwaukee AHEC to achieve its overall goals and objectives.

WIS-TREC

Partnerships for Training

A project of the Wisconsin AHEC System was recently awarded a grant from the Robert Wood Johnson Foundation to fund a six-year program to increase the number of nurse practitioners (NP), certified nurse-midwives (CNM) and physician assistants (PA) in underserved areas. WIS-TREC, or Wisconsin Training Regionally Employed Care Providers, is considered a "partnerships for training" initiative which will be introduced into communities throughout the state to improve access to health care for people living in underserved communities. The project is a collective partnership of universities, employers, and public and private agencies.

One of the goals of WIS-TREC continues to be to recruit students from underserved regions to enroll in one of the three health care programs — an NP, CNM or PA program. It is designed to allow students to advance their education while living and working in their home communities through distance learning. Milwaukee AHEC, in cooperation with Aurora Health Care, will contribute to the WIS-TREC program by providing community cultural rounds, which are designed to teach health care practitioners about treating culturally diverse populations. Coordinators of the WIS-TREC project hope to enroll nearly 70 students into an NP, CNM, or PA program. Each student will be from an underserved community or a special population and committed to practicing in their home communities once they have completed their training. Partners in the project expect to achieve each of the goals and objectives by 2002.

COMMUNITY CULTURAL ROUNDS

Community Cultural Rounds is a year-long series of presentation exploring the richness of approaches different groups bring to the health care arena. These presentations are free and open to the public.

1996

September 20 – *Maternal Substance Abuse & the Impact on the Child Welfare System*

September 27 – *Ethnic Variations in Dermatology*

October 25 – *Religious Practices and the Healing Process*

November 22 – *Cultural Diversity in the Dementias*

December 13 – *HIV and Care: Challenges to Community Health*

1997

January 24 – *Taking Care of the Muslim Patient*

February 19 – *Diabetes among African Americans*

March 14 – *Crisis Centered Lifestyle*

April 18 – *Emergency Medicine*

May 9 – *Domestic Violence*

All lectures will be held at the following location:
*Medical College of Wisconsin
Alumni Center
8701 Watertown Plank Road
Milwaukee, WI 53226
12-1 p.m.*

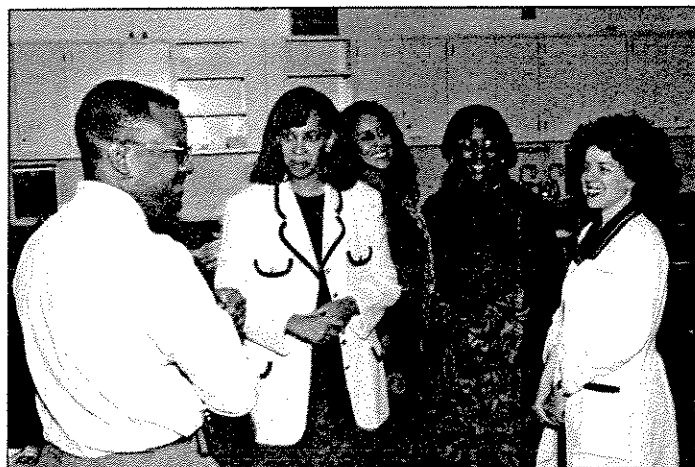
Ask About Our Video Library!
Videotapes of Community Cultural Rounds are available to community agencies, schools and health care professionals for use in teaching. Please contact Deborah Archie at Milwaukee AHEC at 414/226-2432.

Black Dermatology: Shattering the Myth

Dr. Cassandra Venable uses a photocopy of a chapter called "Black Dermatology" directly out of a textbook to make her point known to her audience: avoid labels or categories when evaluating a dermatologic condition. A dermatologist pathologist from Dermato Pathology Associates of New York, Dr. Venable visited the Medical College of Wisconsin in September as the guest speaker for Milwaukee AHEC's Community Cultural Rounds.

Her visit marked the first time she presented the topic "Ethnic Variations in Dermatology." "When I saw that every disease outlined in the black dermatology chapters was also in all the other chapters, I had to ask 'what is black dermatology?', " she said. "Well, I believe it's an artificial separation promoting the perception that there is a barrier that really doesn't exist." She was further convinced of this belief because the concept of 'black dermatology' was never taught or discussed in her studies and training at the University of Pennsylvania.

"The purpose of the lecture was to help the students and future dermatologists learn that the descriptions of the different dermatologic diseases are important – not whether the patient is black or not." In addition, Dr. Venable wanted participants to understand that dermatology is a two



Left to Right: Kevin Izard, MD; Cassandra Venable, MD; Lorena Chicoye, MD, Milwaukee AHEC Board President; Carlethia Harris, CNP; and Linda Rabinowitz, MD.

pronged approach: 1) dermatologists need to know the diseases and the pathology of those diseases, and 2) they need to know their patient. While pointing out the differences in skin color, Dr. Venable also shared her knowledge about various dermatologic conditions experienced by people of all ethnic backgrounds. Nearly 200 students, faculty and community participants at the Medical College of Wisconsin attended the program. Dr. Venable's lecture was sponsored by Milwaukee AHEC, the Medical College of Wisconsin Department of Family and Community Medicine, and the Department of Dermatology.

A "HEC" Of A Summer

by Marion McDowell, MS, Assoc. Director & Health Careers Coordinator, Milwaukee AHEC

One of the ways Milwaukee AHEC fulfills its mission to improve access to health care in underserved communities is to encourage minority students to excel in health careers. These health career opportunity programs are offered on college campuses throughout the city and supported in part by Milwaukee AHEC. This past summer, Milwaukee AHEC sponsored the first A "HEC" of a Summer picnic, which brought together some 300 students and faculty members from other health careers summer programs. By coming together, we reaffirmed how important it is to implement programs for minority students and to celebrate the successes of these programs. There are a wide variety of programs that benefit our youth in the community (see below).

The health programs at the University of Wisconsin-Milwaukee, Marquette University, and the Medical College of Wisconsin, together serve nearly 200 students ranging from middle school to college. Each program varies but all are designed to recruit minority students in health careers and provide

support and retention services to them. Programs come in the form of internships, classes, research or hands-on experience. Students benefit because they are exposed to role models and they have the opportunity to examine a wide variety of health career occupations. Often, we find that students think a career in health consists of two occupations – doctors and nurses. With health careers programs, students realize that health careers go beyond the scope of these two professions. In addition, they gain experience that will help them when the time comes to further their education in a chosen field.

Milwaukee AHEC continues to support minority health careers programs so that minority students can benefit from these types of exposures and opportunities. Our picnic also benefited students by bringing them together to share experiences and just have an



Students from the health career opportunity programs enjoy the A HEC of A Summer Picnic held at Wisconsin Avenue Park.

afternoon of fun. It really made for A HEC of a Summer for both Milwaukee AHEC and the students and faculty involved in the health careers opportunity programs.

If you would like additional information on any of these programs, please call Marion McDowell, Associate Director and Health Careers Coordinator, Milwaukee AHEC, at 226-2432.

Programs:

Marquette University

Physical Therapy
Dental School

- Dental Careers Exploration Program (DCEP)
- Summer Science Enrichment Program (SSEP)
- Pre-enrollment Support Program (PESP)
- Hispanic Center of Excellence Opportunity Program (HCOEO)

University of Wisconsin-Milwaukee

School of Allied Health Professions

- Health Sciences Academy
- Pre-College Center
- Upward Bound
- Nursing Bridge Program
- MEDPREP
- National Institutes of Health

Medical College of Wisconsin

Minority Summer Research Training Program (MSRTP)

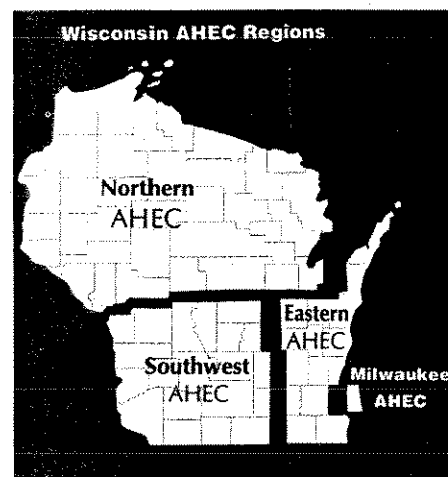
- Apprenticeship in Madison (AIM)
- National Institute of Environmental Health Sciences Training Program (NEHR)
- Research Opportunities for Academic Development in Science (ROADS)

The Wisconsin AHEC System

Milwaukee AHEC is one of four AHEC regions established throughout the state of Wisconsin by the Wisconsin AHEC System. A state-wide health professions education project, the Wisconsin AHEC System is dedicated to improving access to health care in Wisconsin's rural and urban underserved communities. The Wisconsin AHEC System is a collaborative project of the Medical College of Wisconsin, the University of Wisconsin-Madison Medical School, four regional AHEC corporations, and

community and academic partners throughout the state.

The Wisconsin AHEC System improves access to health care in underserved communities through three types of programs: 1) Health Professions Student Programs; 2) Health Careers Programs; and 3) Programs for Health Care Providers. The Wisconsin AHEC System is supported with federal and state funds and with resources provided by AHEC's academic and community partners.



Milwaukee AHEC

Mission Statement

The mission of the Milwaukee AHEC is to improve access to health care in Milwaukee's underserved communities, through the development of community-based, client oriented, culturally relevant, collaborative health professions education programs. The Milwaukee AHEC accomplishes its mission by fostering cooperation and collaboration among Milwaukee's health professionals, educational institutions, and the communities.

Personnel:

Darryl D. Pendleton, DMD,
Executive Director/Dental Educ. Coordinator

Marion McDowell, MS, Associate
Director/Health Careers Coordinator

Maria Ramirez-Acevedo, BA,
Education Coordinator

Deborah J. Archie, Administration Coordinator

Board of Directors:

Lorena Chicoye, MD, (President),
Assistant Professor MCW

Mary Ann Lough, PhD, RN, (Vice President),
Marquette University, School of Nursing

Randy Myricks (Treasurer),
President, CEO, North Milwaukee State Bank

Cassandra Welch, MD, (Secretary),
Medical Director, Martin Luther King Heritage
Health Center

Cheryl A. Maurana, PhD,
Associate Professor and Vice Chairman, and
Chief, Division of Community Health

Anthony Caceres, MD, Medical Director,
Johnston Community Health Center

Chie Craig, PhD,
Associate Professor, UWM Dept. of
Communication and Sciences Disorders

Fred Gilbert, DDS, Dental Director,
Martin Luther King Heritage Health Center

Sheryl Gotts, Curriculum Specialist, MPS

John Midtling, MD, Chair, Department of Family
Medicine, MCW

Rachel Morgan, RN, Clinic Coordinator, Metcalfe
Park Health Center

Bill Solberg, Director of Community Services,
St. Mary's Hospitals

Advisory Committee:

Sheryl Gotts (Chair/President),
Curriculum Specialist, MPS

Warren Braden, EdD, Associate Director,
Wisconsin AHEC System

Community Advisors

Shirley Sharp (Vice Chair/Vice President),
Dir., Health Education, Milwaukee Urban League

Carolyn R. Hampton (Secretary),
Health Careers Coordinator, Private Industry
Council

Viola Rembert, Director, Black Achievers, North
Central YMCA

Inner City, continued from page 3

Mauch, who completed his rotation in May 1996 and his residency in June, was pleased with the knowledge he gained by working at the center. "My experience was excellent. I discovered areas I want to research more – such as the continuity of care for children in the inner city environment," Mauch said. "There's no sense of belonging to a doctor, and children with significant health problems don't receive continuing follow-up care with the same physician." The purpose of Community Based Rotations is to expose young health care professionals to an environment that will help them become better health care providers to patients with different backgrounds. Mauch's experience fulfilled his wish to help people in underserved areas,

but also helped him gain some insight into the health care and lifestyle problems experienced by inner city populations. Mauch has set his sights on working in an underserved area as a physician and also exploring these types of problems and looking for ways to improve them.

*For more information on
Community Based
Rotations, please call
Milwaukee AHEC at
226-2432.*

AHEC At A Glance is a publication of Milwaukee Area Health Education Center, Inc. If you have questions or comments, please contact Milwaukee AHEC at:

Phone:
414/226-2432

Fax:
414/226-2433

E-mail:
milahec@aol.com

Home Page:
www.biostat.wisc.edu/ahec/mahec.html

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Metropolitan

Builders

Association

of Greater Milwaukee, Inc.

April 8, 1997

Representative Scott Jensen
Co-Chair, Joint Committee on Finance
P.O. Box 8952
Madison, WI 53708

Senator Brian Burke
Co-Chair, Joint Committee on Finance
P.O. Box 7882
Madison, WI 53708

RE: DNR Permit Efficiency

Dear Co-Chairs:

On behalf of the Metropolitan Builders Association of Greater Milwaukee, I am writing to express our Association's views on the DNR Permit Efficiency Program that is included in the Governor's budget proposal. Our membership feels that permit efficiency is a great concept; however, the proposal in the Governor's budget does not provide a significant incentive for the DNR to improve its process. The proposal fails in its efforts in that it only allows for a refund of the permit application fee if the DNR does not take action within a certain period of time.

Our Association would encourage the State to adopt a presumptive approval of permits if the DNR does not take action within a certain period of time. The time period we would recommend would be 60 days. In fact, Minnesota has a presumptive approval of permit requests that has 60 days as the required time frame. Minnesota's presumptive approval has also not sacrificed the protection of its natural resources.

Adopting the presumptive approval model for permit efficiency will force real accountability upon the DNR. Currently, projects are often delayed for year or more. This delay can cost a developer thousands of dollars in interest charges, which is ultimately passed on to the property purchaser. Therefore, it can be fairly said that the permit approval delays are decreasing the availability of affordable housing throughout the state. A fair and reasonable business practice, like the presumptive approval, by the DNR would decrease the cost of housing because the money funding such projects would be borrowed for a much shorter period of time.

In conclusion, our Association urges the Joint Committee on Finance to amend the Governor's budget to include the presumptive approval.

I thank you for your time and consideration of this matter. If you have any questions or would like additional information, please feel free to contact me.

Very truly yours,



Matt Moroney
MBA Government Affairs Director



IndependenceFirst

The Resource For People With Disabilities

April 8, 1997

To: Members of the Joint Committee on Finance

From: Richard Barthel, Assistant Executive Director

Senator Burke, Representative Jensen, Ladies and Gentlemen, my name is Richard Barthel. I am affiliated with Independence First, the center for independent living which serves the four county Metro-Milwaukee area. I am also a gubernatorial appointee to the Governor's Council on Physical Disabilities and appreciate this opportunity to provide insight into the current budget bill.

W2 and Persons with Disabilities: I am particularly concerned the Wisconsin's W2 initiatives may severely penalize persons with disabilities who are receiving Supplemental Security Income (SSI).

First, parents on SSI who have children receiving Aid for Dependent Children (AFDC) will experience up to a 65% reduction in support for those children. Those children will now receive only \$77 per month in support. It is ironical that those same children would receive \$215 per month if living with relatives. Please revise current language to allow these children to receive support at levels which would allow them to remain in their own homes.

Second, W2 initiatives also penalize adults who are receiving SSI and who are attempting to enter the workforce. The Social Security Administration has several programs which encourage adults receiving SSI to return to the workforce while continuing to benefit from continuing medical coverage, for example. Over the last fifteen months IndependenceFirst has been involved in a pilot program with the State Division of Vocational Rehabilitation in order to encourage use of such benefits for persons who are attempting to return to the workforce. However, current W2 language denies these persons all of the benefits which others seeking jobs are offered including job placement, child care subsidies and financial planning and other assistance if they have dependent children. Again, please note the irony of the federal government encouraging people to work while the State places every conceivable obstacle in their path. Please change legislative language to allow SSI recipients to benefit from State assistance while seeking employment.

Formerly SEWCIL

600 West Virginia, Suite 300
Milwaukee, Wisconsin 53204-1516
FAX 291-7510 • TTY 291-7525
Voice 414 291-7520



Third, W2 initiatives also end child care subsidies for children who reach the age of 12. For severely disabled children who cannot manage on their own I ask that you expand child care subsidies to allow parents the opportunity to work without compromising their children's safety and well being.

There are other work disincentives as well built into the current W2 program for persons with disabilities. Please review recommendations made by the ABLE Coalition and the Wisconsin Rehabilitation Association.

Medical Assistance (MA) Copayments: The current budget proposal increases Title 19 copayments to the federal maximum and institutes a new \$2.50 copayment for medically necessary transportation. For a person traveling to and from a rehabilitation center for treatment, and filling a prescription on the way home, the new costs could equal nearly \$10. It appears to be outright foolish to discourage low-income people from accessing needed health care-the alternative is worsened health status and higher costs. The transportation copayment is especially onerous and should be reversed.

Nursing Homes vs. Community Care: The \$132 million increase for nursing homes is 110% the cost of operating the Community Options Program (COP) and COP Waiver programs. I have already spoken to many of you who have indicated that the federal government, under the Boren amendment, requires states to provide such increases. What you may not know, however, is that states are free to develop their own formulas for increases. The increase proposed in the budget is especially suspect when your own departmental estimates show that the number of persons funded by Title 19 is expected to decrease over the biennium.

As a matter of fairness, return funding to community-based programs where people have choices and where they say they would rather be. There are 8,900 people on the COP waiting list at the current time while no waiting lists exist for nursing homes.

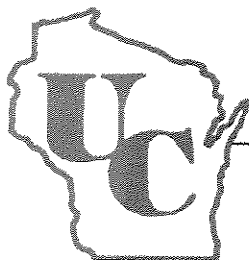
The budget also allows nursing homes to temporarily "delicense" beds and thereby gain higher reimbursement from the Medical Assistance program. This is a truly extreme example of bad policy which drives up MA costs while doing nothing to target the tremendous backlog of requests for community support.

Independent Living Centers: My Center receives \$62,000 in state GPR and another \$160,000 from the federal government to provide services to persons of all ages and disabilities in our Metro-area of over 1.7 million people. Our last increase was in 1989. The Departmental budget recommendation was to provide a

modest \$200,000 each year to provide some relief to all current Independent Living Center budgets, and to ease caseloads in our counties and that of the Center in Green Bay which serves one-quarter of the state.

Health Insurance Risk Sharing Plan: The Risk Sharing Plan is a state program which provides insurance to those who have circumstances which render them ineligible for standard health insurance coverage. The budget proposal would restrict health care access to those providers in the Medical Assistance program. The proposal is not needed since the program has shown effective management of resources via intensive case review procedures and sharply reduced provider assessments. Please reject this initiative as it has little basis in economics and was forwarded without the knowledge of the HIRSP Board.

Thank you for the opportunity to address these budget issues. I welcome any of your questions.



United Council

of University of Wisconsin Students, Inc.

122 State Street, Suite 500, Madison, WI 53703 Phone: (608) 263-3422 Fax: (608) 265-4070

Testimony of

Steve Perala

United Council Legislative Affairs Director

On the Wisconsin State Budget Proposal

Before the Joint Committee on Finance

April 8, 1997

Chairman Jensen, Chairman Burke, and members of the committee, thank you for the opportunity to address you today regarding the 1997-99 Biennial Budget Proposal. This budget will have a major impact on the accessibility and affordability of higher education to students and their families in the state of Wisconsin.

Wisconsin has a proud tradition of giving students the means to obtain a quality college education. This tradition faced a serious decline in the last biennium as the UW System budget was cut, tuition rose, and financial aid programs received no increase in funding. The current budget proposal helps the UW System by stopping the cuts it faced two years ago, but improvements are still needed to keep higher education affordable to all students.

As I stated, financial aid programs received no increase in the last biennium. Because of this, tuition and inflation caused this aid to provide less support to the most needy students. The current budget offers only a slight increase in the Wisconsin Higher Education Grant (WHEG) and no increases in other aid programs. To help out those students with the most financial burden, WHEG awards need to be increased in the 1997-99 biennium at the same rate that tuition increases. WHEG is a need based financial aid program that serves the largest number of students in the UW System. To increase this award, it would cost approximately \$143,000 for every 1 percent increase that is granted.

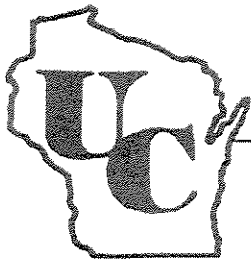
Tuition is the main component of this budget that hurts accessibility for students. The so called "flexibilities" in the budget allow more services and salary increases to be placed solely on the backs of students. One provision, which allows the Board of Regents to increase tuition by forcing students to fully fund faculty salary increases, will have a significant impact on the cost of instruction paid by students. Traditionally, students share the cost of faculty salaries with the state. With this new "flexibility," however, students will pay 100 percent of the cost of a faculty pay increase. Tuition will rise at nearly three times the rate that it normally would for a faculty pay

increase if the Board of Regents are given this authority. I am concerned about this position where students and faculty are set against each other when traditionally, these two groups have worked together to strengthen and improve our institutions.

Also, items like differential tuition will force students to fully fund other services that were traditionally shared with the state. Currently, there are proposals within the UW System that will place extra tuition increases on students, above and beyond the increase granted by this body. These increases will go to fund services and faculty positions in programs where the university determines it is unable to fund. Having students pay for these areas allow an institution to place increased burdens on students by forcing them to fund an increased portion of the educational cost. If the Board of Regents is given the authority for differential tuition, students at all of our campuses may face tuition levels above what the legislature deems appropriate.

I understand that tough decisions need to be made. It is my hope that accessibility to higher education will be a priority and that this committee will make sure that students and families in Wisconsin, who wish to achieve additional education, will have the means and the ability to do so.

Members of the committee, thank you for your time. I look forward to your support over the next few months.



United Council

of University of Wisconsin Students, Inc.

122 State Street, Suite 500, Madison, WI 53703 Phone: (608) 263-3422 Fax: (608) 265-4070

Financial Aid

In the last biennium, students received no increases in state financial aid programs. In the current budget proposal, the Wisconsin Higher Education Grant (WHEG) was the only financial aid program to receive an increase. The WHEG received a 2% increase in the first year and a 3% increase in the second year. The Lawton Undergraduate Minority Retention Program (LUMRG) and the Advanced Opportunity Program (AOP) did not receive an increase.

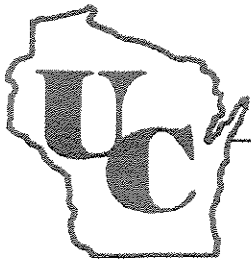
UW Students support increases in financial aid at the same rate as tuition increases.

With no increases in financial aid in the last biennium, financial aid programs in Wisconsin are already behind when compared to the rising tuition rates and inflation. The amount of aid that a student receives makes up a smaller portion of the educational cost each year. Increases are needed to keep tuition affordable for the students who have the most need. Without state support, these students will be priced out of an education. The following table shows the financial aid increases when compared to tuition rates. The proposed tuition rates are not included because they cannot be determined at this time as the many flexibilities will raise tuition above the levels set by the legislature.

Comparison of UW System Tuition Increases to Financial Aid Increases

Year	Tuition	LUMRG	AOP	WHEG
	%	%	%	%
1987-88	7.9	2	2	20.7
1988-89	5.7	4.7	4.7	5.7
1989-90	6.9	5.2	11.8	5.5
1990-91	5.9	5.2	5.7	5.1
1991-92	3.8	2.2	5.6	2.2
1992-93	7.3	3.5	3.5	3.5
1993-94	6.8	0	0	7
1994-95	8	7	12.4	7.6
1995-96	6	0	0	0
1996-97	5	0	0	0
*1997-98	N/A	0	0	2
*1998-99	N/A	0	0	3
*Proposed				

March 11, 1997



United Council

of University of Wisconsin Students, Inc.

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Faculty Compensation

In the current budget proposal there is a provision granting authority to the UW System Board of Regents to increase tuition levels to fund faculty pay increases.

Students are opposed to granting this authority to the Board of Regents.

Some of the concerns are listed below:

Tuition is Solely Tied to Faculty Pay

Currently, students pay approximately 35% of the cost of instruction. When the legislature grants a 1% faculty pay increase, student tuition is increased 0.7% to fund the raise in pay. With this new provision, for every 1% increase in faculty pay student tuition would increase approximately 2%. This means that students would be funding 100% of the faculty pay increases. Therefore, if the Board of Regents would grant a 4% increase in pay this would result in a 8% increase in tuition.

Tuition Will Increase Above the Level Set by the Legislature

This substantial increase in tuition would be above and beyond the increases set by the Legislature. If the Legislature decided that a 5% increase in tuition was needed to fund faculty salary increases, the Board would have the authority to increase tuition up to an additional 8% in each year of the biennium.

Students understand the need for adequate compensation of faculty; however, this burden should not fall on students. The Legislature must make an investment in the entire UW System.

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Differential Tuition

In the UW System Board of Regents' Study of the UW System in the 21st Century, a recommendation was included which would allow for campuses in the various clusters—centers, comprehensives, and doctoral campuses—to charge differential tuition rates within the cluster. With this provision, there would be a minimum tuition level that must be charged. Campuses would then be allowed to increase tuition levels above and beyond that level.

Students in September took a position against differential tuition for both entire campuses and specific programs at campuses.

Some of the potential problems are listed below:

Forces Tuition Increases

Currently, the center institutions have one set tuition level, the 4-year comprehensives have one set tuition level, and the doctoral campuses have their set levels. Differential Tuition would change this system and could force campuses to raise tuition levels above what they would normally be. For example, campus A wants to make their program better than campus B. Campus A could raise tuition to draw students away from campus B into their program. Campus B in turn would be forced to raise tuition to draw these students back. This could force campuses to raise tuition and price some students out of an education.

Predicting Tuition

Students may be unable to predict what their tuition will be if the Board of Regents is constantly increasing tuition from year to year. Students and families planning on which college to attend will operate in an uncertain environment. The cost of attending the university of their choice may change after they have locked into a decision.

Land-Locked

Students who are geographically place bound due to children, work, marriage or residence may be unable to afford the institution nearest them. If those students cannot afford to attend that campus, then some students may decide not to enroll or to discontinue their education at that institution.

Reciprocity

With differential tuition levels at each campus and in different programs, the formula for reciprocity will have to be calculated for each of these various tuition rates making reciprocity more difficult to administer.

March 11, 1997

Testimony of

Betsy L. Schrank

President of Student Governance Council of the UW Centers
President of UWC Baraboo/Sauk Co. Student Government

on Financial Aid Funding for UW Students

Before the Joint Committee on Finance

April 8, 1997

Chairman Jensen, Chairman Burke and members of the committee, thank you for the opportunity to speak with you about financial aid funding for students within the University of Wisconsin System. Let me take a brief moment to describe the current situation for students at our institutions of higher education.

The vast majority of college students are not the movie screen portrayals which show students drinking and throwing parties. Today's students are working at part-time jobs, volunteering for community service, and studying hard to obtain their degree. I am proud to say that these students will be the future of Wisconsin, but it is becoming tougher and tougher to finance school.

I am sure you are aware that college is very costly. However, the cost of an education is more than just tuition. With books, room and board, transportation, and other day to day necessities—in addition to the cost of tuition that continues to rise—students are overwhelmed in their struggle to pay for their education. These items are easily forgotten when a person thinks about the cost of higher education.

The need to increase financial aid to help the students and families of Wisconsin continues to grow. In the last biennium, there was no increase in financial aid. This year, only a small increase has been proposed. This will not meet the needs of our students. I give you myself as an example. I am finishing my second year of college at UW Center-Baraboo/Sauk County, and plan to transfer and start working toward a specific degree. Unfortunately, I am unable to transfer next year; in fact, I am unable to attend school at all, at least for the fall semester. This is due to financial reasons. Currently, I have two part time jobs while I attend school and receive financial aid, but what I receive does not allow me to cover all the expenses involved in going to school. I am forced to take time off in order to save money before I can return and finish my degree.

I could continue my education if there was more financial aid available. I also know of other students who have faced similar situations. A person should not lose the opportunity for higher education just because he or she is not as wealthy as another student. Everyone deserves the right to an education.

I hope that you realize the importance of investing in the future of Wisconsin through higher

education. I ask you to increase the appropriations for financial aid to help students and their families keep up with the rising cost of tuition and other expenses. Please make it a priority to not deny students an education because of their financial status. An increase in financial aid will help many students finish their degrees, and in turn, they will be using what they have learned to help Wisconsin in the future.

Members of the committee, I thank you for your time.

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April 8, 1997

Members of the Joint Finance Committee
Wisconsin State Legislature

Good afternoon:

Thank you for this opportunity to provide comments in support of the University of Wisconsin System and, in particular, the University of Wisconsin-Milwaukee (UWM). My presence before you today has been prompted by my long-term acquaintance with UWM. The combination of my wife's experience at UWM, that of two nieces and my own represents five degrees attained there with one now in process. Truly, our family has benefited from the quality and availability of UWM's educational resources. My wife and I have been involved with the University as professionals and as active alumni. I have been on UWM's Board of Visitors for approximately eight years.

Reflecting on the devolution which is taking place at all levels of government and in most of the public policy arena, I would like to reinforce the comments made by others that additional possibilities exist for devolution of governmental responsibilities. I am referring to the flexibility of management and budget decision-making proposed for the University System's Board of Regents recommended in the Governor's budget bill. Allowing greater discretion in the management and fiscal areas by the Board of Regents would enable that entity to be more timely and relevant for addressing the needs and taking full advantage of the assets of the University System.

I am sure an adequate case has been made for you that the University System needs whatever additional fiscal resources you can muster to continue to offer high quality education and to retain its exemplary faculty. I believe that the combination of additional fiscal resources and greater discretion in the raising and allocation of those resources by the Board of Regents will ensure both improved quality and better efficiency in the University System so that it is comparable, even competitive, with similar systems for higher education.

Again, thank you for your consideration.

Sincerely,


Robert Pietrykowski